

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed with appropriate information. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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26123 7590 06/25/2004

BORDEN LADNER GERVAIS LLP
WORLD EXCHANGE PLAZA
100 QUEEN STREET SUITE 1100
OTTAWA, ON K1P 1J9
CANADA

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/875,949	06/08/2001	Imants R. Lauks	PAT 506-2	1788

TITLE OF INVENTION: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX YES	\$1330 \$665.00	\$300	\$1630 \$965.00	09/27/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LAU, TUNG S	2863	702-023000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. L. Anne Kinsman
Borden, Ladner
Gervais LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

EPOCAL INC.

Ottawa, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 501593 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date) August 16, 2004

L. Anne Kinsman (Reg. No. 45,291)

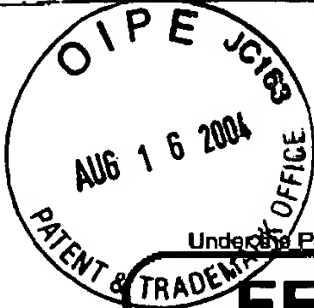
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08/16/2004 TBESHAH2 00000006 501593 09875949

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 965.00

Complete If Known

Application Number	09/875,949
Filing Date	June 8, 2001
First Named Inventor	Imants R. LAUKS
Examiner Name	Tung S. LAU
Art Unit	2863
Attorney Docket No.	PAT 506-2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
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Name

501593

Borden Ladner Gervais LLP

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FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20** = X =
Independent Claims -3** = X =
Multiple Dependent =

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	665.00
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) Publication Fee					300.00
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$ 965.00

SUBMITTED BY

Name (Print/Type) L. Anne Kingman

Registration No. 45,291
(Attorney/Agent)

(Complete if applicable)

Telephone (613) 237-5160

Signature

Date August 16, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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BLG CANADA

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that these papers, consisting of 4 pages total, are being facsimile transmitted to the Patent and Trademark Office 703-746-4000 on the date shown below.

DATE: August 16, 2004

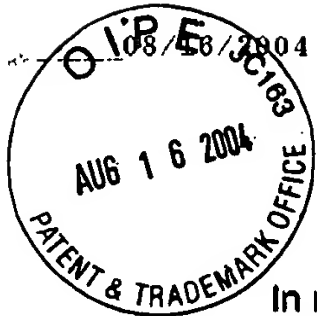

L. Anne Kinsman
Registration No.: 45,291

TO THE ATTENTION OF: Examiner Tung S. LAU
MAIL STOP: MAIL STOP ISSUE FEE
COMPANY: United States Patent and Trademark Office
CITY: Arlington, Virginia, U.S.A.
FAX NUMBER: 703-746-4000
DATE / TIME: August 16, 2004
FROM: L. Anne Kinsman
DIRECT DIAL: (613) 237-5160
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 09/875,949
Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM
Inventor(s): LAUKS, Imants, R.
Our File: PAT 506-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 4
CONFIRMATION TO FOLLOW: NONE

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: LAUKS, Imants, R.
Serial No.: 09/875,949
Filed: June 8, 2001
Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM
Group: 2863
Examiner: Tung S. LAU
Attorney Ref.: PAT 506-2 US

August 16, 2004

Commissioner for Patents
U.S. Patent and Trademark Office
220 20th Street S.
Mail Stop Issue Fee
Crystal Plaza Two, Lobby, Room 1B03
Arlington VA 22202
U.S.A.

Dear Sir:

Applicant respectfully advises that Applicant is a small entity, not large as indicated on the Part B – Fee(s) Transmittal Form provided with the Notice of Allowance. Applicant submits herewith the small entity Issue Fee payment of \$665.00.

The Commissioner of Patents is hereby authorized to charge deposit account 501593 the amount of \$965.00, representing the Issue Fee and Publication Fee. The Commissioner is hereby authorized to charge any additional fees to deposit account 501593 and credit any overpayments.

Respectfully submitted,
Imants R. LAUKS

By: 

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JTF/ALK/AAB/aab

Encls.

1. Fee Transmittal
2. Part B - Fee(s) Transmittal (Issue Fee)